

NEW MEMBER ENROLLMENT

Team 1

www.team1world.com

PRO FIT OHM PRO MIN EXO HRT

Sponsor's Name and ID #	
First Name	
Last Name	
Shipping Address	
City, State, Zip	
Phone # 1	
Phone # 2	
Email Address	
Date of Birth	
Social Security #	

PRODUCTS

ENROLLMENT

☐ EXO _____ (Qty)

\$35 Member Fee

☐ MIN _____

☐ Executive Pack \$1,000

☐ UMI _____

☐ Personal Pack \$250

☐ OHM _____

AUTOSHIP

☐ FIT _____

Date: 1st 5th 10th 15th

☐ PRO _____

of Boxes: 2 3 4

☐ HRT _____

Products:

☐ FLX _____

Credit Card _____

☐ CAL _____ (check avail)

Exp. Date _____ CID # _____

☐ L-Arginine _____

Signature _____

☐ AGELESS _____

Date

☐ Other: _____

I understand that this is temporary information used to set-up an Agel distributorship online and I must abide by all policies and procedures that govern my Agel distributorship.

☐ Other: _____

NEW ID #:

PASSWORD:

Pricing does not reflect shipping and handling charges or local or state sales tax charges, where applicable.

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